

Registration District No. 199 Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. LUKE'S HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days) 3 YEARS

3. (a) PRINT FULL NAME MRS. BEA VIRGINIA JOHNSON
 (b) If veteran, name war NO
 (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, MARRIED
 6. (b) Name of husband or wife CHARLES F. JOHNSON
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased APRIL 18 1876 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 26 If less than one day hr. min.

9. Birthplace SWEDEN (City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME 4

12. Name ERIC LUNDBLUIST

13. Birthplace SWEDEN (City, town, or county) (State or foreign country)

14. Maiden name EVA ERICSSON

15. Birthplace SWEDEN (City, town, or county) (State or foreign country)

16. (a) Informant CHARLES F. JOHNSON

(b) Address 3645 WAYNE AVENUE

17. (a) Cremation (b) Date thereof OCT. 17 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.W. Newcomer's home

18. (a) Signature of funeral director W. T. Newcomer 1000

(b) Address 1401 B. Wash. Park Blvd.

19. (a) 10-14-48 (b) Geraldine Holmes (Date received local registrar) (Registrar's sign (or))

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3645 WAYNE AVENUE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 14 year 1948 hour 12 minute 10 A.M.
 21. I hereby certify that I attended the deceased from March 25 1948 to Oct 13 1948 that I last saw her alive on Oct 13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	2 yrs
Coronary atherosclerosis	
Due to pulmonary congestion	2 months
Due to old rheumatic heart.	20 yrs
Other conditions (Include pregnancy within 3 months of death)	95 lb

Major findings: Of operations: Coronary artery atherosclerosis & atherosclerosis
 Of autopsy: arterites (arthritis)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) Arthur L. Nichols
 (e) Means of injury _____ (M. D. or other)
 Signature: Arthur L. Nichols
 Address: 522 Proj. Bldg. U.C.M. Date signed: 10/14/48

522 Proj 10/24/94

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Doyle R. Kamek, Registered Apprentice No. *228*,
working under my personal supervision.

Signed *Edward M Storey*

Licensed Embalmer No. *4452*

P. O. Address. *K. C. 4 moz*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.